## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06/25/2010</u>	Address:	<u>CR 3 @ CR 48</u>
Case #:	<u>22f45946</u>		Garrett IN
County:	<u>Dekalb</u>		<u>46738</u>
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (o Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open — No Structure Other:
(check all the Lithium	/Ammonia Reaction(s): vehicle	<u>r, etc)</u>	
Corrosiv	ve Acid: ve Base: tem and location):		
Child under age 18 discovered (check one)  Yes 1 (number present)  No  *If yes, fax report to Child Protective Services		<ul> <li>Investigative Information</li> <li>☐ Ephedrine/Pseudoephedrine Tracking Log</li> <li>☐ Retail/Merchant Tip</li> <li>☐ Other:Garrett PD</li> </ul>	
This report	is to be faxed to the following agen	cies that serve the lo	cation:
Health Depa	Fax: (260) 357-4159  Health Department: Dekalb Co  Child Protection Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Matt Lazoff Phone 5742062931			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.